Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All turner c indicated unless corrected maintenance fee notificati	orrespondence including the below or directed oth one	erwise in Block 1, by (a) specifying a new co	orrespondence address	and/or (b)	indicating a sepa	correspondence address a trate "FEE ADDRESS" fo	TO THE HEADS	
CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying								
			. 1	papers. Each additions have its own certificate	i paper, suc	ch as an assignme	nt or formal drawing, mus	it	
	1590 11/15/ NICEDECLI 8-1			Cer	tificate of i	Mailing or Trans	mission		
BUCHANAN, I POST OFFICE B	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				d e				
ALEXANDRIA,	transmitted to the USPTO (571) 273-2885, on the date indicated below.				_				
			·				(Depositor's name)		
				<u> </u>			(Signature)	4	
	-, · · · · · · · · · · · · · · · · · · ·						(Date)	<u>ן</u>	
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENT	TOR		Y DOCKET NO.	CONFIRMATION NO.	J	
10/713,722 11/14/2003 Xian-Ping Lu 4845 104 US 2070 TITLE OF INVENTION: NONCYCLIC 1,3-DICARBONYL COMPOUNDS AS DUAL PPAR AGONISTS WITH POTENT ANTIHYPERGLYCEMIC									
TITLE OF INVENTION: AND ANTIHYPERLIPID	•	CARBONYL COMPOU	INDS AS DUAL PPA	AR AGONISTS WITH	POTENT	ANTIHYPERGL	YCEMIC		
	•								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	FEE TO	OTAL FEE(S) DUE	DATE DUE	1	
nonprovisional	YES	\$700	\$300	\$0	· · ·	\$1000	02/15/2007	3	
EXAMINER ART UNIT			CLASS-SUBCLASS						
SEAMAN, D MARGARET M 1625			514-312000						
Change of corresponder CFR 1.363).	nce address or indication	of "Fee Address" (37	2. For printing on the	he patent front page, li	t	. Ruchar	nan Ingersoll	• Rooney	РС
Change of correspo	ndence address (or Cha	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					, a Rooney,	, 1.0.	
Address form PTO/SB/	ation (or "Fee Address"	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					•		
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attach	2 registered patent : listed, no name will	•						
3. ASSIGNEE NAME AN	ID RESIDENCE DATA	TO BE PRINTED ON 1	THE PATENT (print or	r type)				-	
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing	he patent. If an assign gan assignment.	ee is identi	fied below, the de	ocument has been filed for	r	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Chipscree	n Bioscienc	es, Ltd.	China						
Please check the appropria	ate assignee category or	categories (will not be pr	inted on the patent):	☐ Individual 🖾 Co	rporation o	r other private or	oup entity Government	t	
4a. The following fee(s) a							<u> </u>	•	
4a. The following fee(s) at Signature Signatur	Please first reapply as ed.	y previous	sty pato issue tee	shown above)					
Publication Fee (No	t card. Form PTO-2038			6. t					
Advance Order - #			overpayment, to D	Deposit Account Numb	6 0 5 FG	(enclose a	ficiency, or credit any n extra copy of this form).	_	
 Change in Entity State a. Applicant claims 			Dh Amilicant is no	longer claiming SMA	I ENTITY	/ status See 27 Cl	ED 1 27(a)(2)		
NOTE: The Issue Fee and	Publication Fee (if requ	ired) will not be accepted	from anyone other th				e assignee or other party in	n n	
interest as shown by the re	cords of the United Sta	tes Patent and Trademark	Office.		- 01/	17/2007 TAND	02~ 00000004 024	_ 800 10713722	
Authorized Signature _	Jahre	affeggen		Date	au".	FU:2501	0 +	700.00 OP	
Typed or printed name	teur	ick Holt	2NIZZ	Registration N	0.7	7:1309		300.00 OP	
This collection of informa	tion is required by 37 C	FR 1.311. The information	n is required to obtain	or retain a benefit by	ne public w	hich is to file (and	30.00 DA by the USPTO to process	<u> </u>	
an application. Confidents submitting the completed this form and/or suggestion	ancy is governed by 35 application form to the as for reducing this bur	U.S.C. 122 and 37 CFK USPTO, Time will vary rden should be sent to the	depending upon the in the Chief Information Of	s esumateu to take 12 i ndividual case. Any co flicer, U.S. Patent and	mments on Trademark	the amount of tir	by the USPTO to process g gathering, preparing, and ne you require to complete summent of Commerce, P.O.	2	
Box 1450, Alexandria, Vi Alexandria, Virginia 2231	rginia 22313-1430. DO	NOT SEND FEES OR	COMPLETED FORMS	S TO THIS ADDRESS	SEND TO	D: Commissioner	for Patents, P.O. Box 1450	j .	
Under the Paperwork Red		persons are required to res	spond to a collection of	f information unless it	lisplays a v	alid OMB control	number.	_	